

COMPARISON OF COVENTRY ADVANTRA HEALTH INSURANCE PLANS EFFECTIVE MAY 1, 2014 - PUBLISHED BY THE RETIREMENT DIVISION

HEALTH INSURANCE COMPANY:		COVENTRY ADVANTRA PPO PLAN 1
	In-Network	Out-of-Network – <i>Providers must accept Medicare payment. You are responsible for 100% of the charges if you receive services from a provider that does not accept Medicare payment.</i>
Deductible	None	None
Coinsurance %	100% of Medicare allowed amounts	80% of Medicare allowed amounts
Out-of-Pocket Maximum	\$2,000 for in-network medical benefits. (This does not include prescription drug benefits.)	None
Catastrophic Out-of-Pocket Maximum	\$10,000	\$10,000
Lifetime Maximum Benefit	No Limit	No Limit
HOSPITAL COVERAGE		
Inpatient Room	\$165/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days.	80%
Maternity	\$165/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days.	80%
Mental Health (Inpatient)	\$165/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days.	80%
Substance Abuse (Inpatient)	\$165/day Co-Pay for days 1-5 per admission; additional days covered at 100%. Unlimited number of days.	80%
Out-Patient X-Ray & Laboratory	100% clinical/diagnostic lab services and regular x-ray \$100 Co-Pay for CAT scan, PET scan and MRI 20% Coinsurance for each Medicare-covered radiation therapy service	80%
Out-Patient Surgery	\$100 Co-Pay	80%
Emergency Room	\$50 Co-Pay for Medicare-covered emergency room visit. Worldwide coverage. (If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.)	\$50 Co-Pay for Medicare-covered emergency room visit. Worldwide coverage. (If you are admitted to the hospital within 24 hours for the same condition, you pay \$0 for the emergency room visit.)
DOCTOR/PCP COVERAGE		
Annual Wellness Visits & Immunizations	\$0 Co-Pay PCP for one routine physical per year. 100% immunizations.	80%
Office (Illness/Injury)	\$5 Co-Pay PCP, \$30 Co-Pay Specialist	80%
Lab Tests & X-Rays	100% routine lab and x-ray \$100 Co-Pay for CAT scan, PET scan and MRI 20% Coinsurance for each Medicare covered radiation therapy service	80%
Allergy Treatment	\$5 Co-Pay PCP, \$30 Co-Pay Specialist	80%.
Allergy Testing	\$5 Co-Pay PCP, \$30 Co-Pay Specialist	80%
Mental Health (Outpatient)	\$30 Co-Pay individual visit, \$5 Co-Pay group session.	80%
Substance Abuse (Outpatient)	\$30 Co-Pay individual visit, \$5 Co-Pay group session.	80%
Out of Hospital Prescriptions	Up to 30 day supply at Participating Pharmacy and Non Participating Pharmacies. <b>Preferred:</b> \$5 Preferred Generic/\$5 Non-Preferred Generic/\$25 Preferred Brand/\$50 Non-Preferred Brand / 33% Specialty Drugs (Injectables) <b>Non-Preferred:</b> \$8 Preferred Generic/\$25 Non-Preferred Generic/\$50 Preferred Brand/\$75 Non-Preferred Brand / 33% Specialty Drugs (Injectables) <b>Pharmacy &amp; Mail Order</b> 90 day supply \$10/\$10/\$50/\$100.  After total plan costs for Preferred Brand and Non-Preferred Generics & Brand paid by both you and your plan reach \$2,850, you have Preferred Generic drug coverage only until your plan year out of pocket costs reach \$4,550. After the \$2,850 limit is met you can use your Advantra ID card for a discount. After your plan year out-of-pocket drug costs reach \$4,550, you pay the greater of: \$2.55 for generic or brand name drugs treated as generic and \$6.35 for all other drugs, or 5% coinsurance, whichever is highest. (Preferred Generics do not count toward the \$2,850 or \$4,550 limits.) Co-Pay plus the difference in cost between the Brand Name and the Generic when the Brand Name is purchased.	In-network benefit available through the national participation of designated chain pharmacies. If you use an out-of network pharmacy for an urgent or emergency situation, you would pay the appropriate in-network co-payment/co-insurance, and you will be required to pay the difference between what Coventry Advantra would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charged for your prescriptions.
Routine Eye Exam	\$5 Co-Pay for each routine exam, \$5-\$30 for each Medicare approved Diagnostic exam; \$0 Co-Pay for Medicare covered eye wear. \$100 credit toward eye glasses or contacts every year.	\$5 Co-Pay for each routine exam, \$5-\$30 for each Medicare approved Diagnostic exam; \$0 Co-Pay for Medicare covered eye wear. \$100 credit toward eye glasses or contacts every year.
Routine Hearing Exam	\$5 Co-Pay for each routine exam, one visit per calendar year; \$30 for each Medicare covered exam. Covered up to \$500 for hearing aids every 3 years.	\$5 Co-Pay for each routine exam, one visit per calendar year; \$30 for each Medicare covered exam. Covered up to \$500 for hearing aids every 3 years.
Dental	\$0 Co-Pay for oral exams, cleanings, fluoride treatments, and dental X-rays. \$30 Co-Pay for each Medicare covered dental benefit. Covered up to \$125 for in-network and out-of-network preventive dental services every year.	\$0 Co-Pay for oral exams, cleanings, fluoride treatments, and dental X-rays. \$30 Co-Pay for each Medicare covered dental benefit. Covered up to \$125 for in-network and out-of-network preventive dental services every year.
SilverSneakers Fitness Benefit	Designated Health Club Membership/Fitness Classes	Designated Health Club Membership/Fitness Classes
Dependent Coverage	End of the calendar year in which eligible child reaches age 26 regardless of student status if covered on a City non-Medicare plan.	End of the calendar year in which eligible child reaches age 26 regardless of student status if covered on a City non-Medicare plan.

THIS IS A GENERAL SUMMARY OF BENEFITS FOR REFERENCE ONLY. THE EVIDENCE OF COVERAGE FROM COVENTRY HEALTH CARE IS THE BINDING CONTRACT. CONTACT COVENTRY AT 1-800-727-9712 FOR MORE INFORMATION.